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"NEC TENUI PENNÂ."

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J. W. HOLLAND, A.M., M.D., ... Editor.
H. A. COTTELL, M.D., . . . Managing Editor.

THE "BACILLUS MALARIÆ."

Few discoveries in the etiology of disease have equaled in interest those reported by Klebs and Tommasi-Crudeli last year. It will be remembered that by inoculating rabbits with material obtained at the Campagna they produced in them paroxysmal fever supposed to be genuine malarial manifestations. Then by a series of masterly experiments they traced the specific malarial power to an organism which they confidently dubbed as "*Bacillus malariæ.*" These results were confirmed by some observers and disputed by others. Later we were informed that these rod-like bodies had been detected in the blood of man drawn during the cold stage of an intermittent. We have so often been startled with such announcements, which in the end proved fallacious, that these in turn were received with some reserve.

In a recent supplement of the National Board of Health there is an admirable report of investigations on the subject, conducted in a strictly scientific way, by Dr. Geo. M. Sternberg, U.S.A. He found upon the surface of swamp-mud and in the gutters of New Orleans a great variety of organisms, among which were some identical with the "*Bacillus malariæ.*" When these were injected beneath the skin of a rabbit they produced a febrile movement, which, however, did not correspond in the temperature curve to the periodical paludal fevers of man. He does not consider satisfactory the curves or other evidence on which Klebs and Tommasi-Crudeli pronounced the fever of their rabbits as malarial. To convince the reader he reproduces their charts and pictures side by side with his own microphotographs, and analyzes by sections the detailed statements of their original paper. While he is compelled to decide that their reputed discovery and their conclusions are not well founded, yet he concedes that there is nothing in his researches to indicate that the *Bacillus*, or some other minute organism, is not the agent causing malarial disease. Circumstances all appear to favor the germ hypothesis, but its truth or falsity must be finally settled by experiment upon man himself.

The most promising method of inquiry would be to isolate and cultivate the various marsh organisms coming under suspicion; study their life-history, and then investigate their physiological effects when taken into the stomach or respired in a dry state by healthy individuals. Dr. Sternberg has failed to discover in the blood of patients suffering from malarial fever any organisms whatever, and he would therefore look to the mouth and alimentary canal as the habitat of these germs.

DIPHTHERIA AND THE SCHOOLS.

The existence of an unusual number of cases of diphtheria in Louisville is a fitting occasion for reminding doctors, and through them the people at large, that sanitary science accepts the view that schools are foci of infection.

The prevalence of smallpox in some of our large cities has awakened the public to the importance of requiring vaccination as a

qualification for admission into the schools. The trustees might extend this principle of prevention by an ordinance enjoining upon every teacher the duty of promptly informing the principal whenever a pupil falls sick with a suspicious fever or sore throat. If inquiry should elicit the fact that the pupil has diphtheria or scarlatina, then not only the sick child, but other members of the same family should be debarred admission to the school for an interval considered long enough to remove the liability of infection. If this should work an injury to the teacher, whose salary is dependent upon the number taught, then provision should be made for an exception by counting the exiles as regular attendants. Otherwise the teacher will have a strong motive for concealing early information or for feigning ignorance.

A BREACH OF THE CODE.

Among the current literary items is one stating that a number of leading surgeons will present their views of the treatment of the late President's wounds in the December number of the North American Review. The names of these distinguished writers have not transpired, but their distinction is a warranty for the assertion that no one knows better than they that they are about to violate the spirit, if not the letter, of the Medical Code. Leading surgeons are not usually the last persons to draw attention to the ethical improprieties of less noted brethren, and we see no reason in their eminent position for our withholding judgment upon an act so unbecoming as that now contemplated. No principle of professional ethics is better founded than that which declares it unworthy for a doctor to air his technical learning before the public in a matter not connected with State medicine. For every scientific controversy the medical, not the secular, press is the proper arena. To seek a different public is to show another intent than that of advancing medical science—an intent which will doubtless receive general disapprobation.

Original.

EMPYEMA CURED BY DRAINAGE AND IRRIGATION.

BY W. W. SENTENY, M. D.*

On the 2d of April last I was called to see Sallie M., aged three years; family history good, neither struma nor other vice in the family of either parent. She was quite small for her age and much emaciated; had clubbed fingers, thick lips, and puffiness of the eyelids. She had a temperature of 102°, pulse 120, respiration 45; had a loose, persistent cough, slight pain in left side, with inability to lie upon right side. There was dullness of left side on percussion and complete absence of respiratory sounds on same side; had exalted respiratory sounds upon right side. Diagnosis, subacute pneumonia of left lung (?), together with some sequelæ of former pulmonary trouble. After a few days the febrile symptoms passed off, but the rapidity of the pulse and respiration was not reduced in any marked degree.

I now learned that she had had two years before this time, and when she was about one year old, an attack of what was diagnosed as pleuro-pneumonia, and that she had not been well since that time. About one year ago, and one year after the attack of pleurisy, she had a fever attended by a discoloration of the skin, which the doctor in attendance said was scarlet fever. This peculiar condition of the skin has, however, been more or less marked ever since. This was especially observed whenever she had a febrile paroxysm, which I learned after close inquiry was about every ten days.

Believing the case to be of grave import, and as it had been under the care of an eminent doctor, I advised a consultation, and Dr. J. W. Holland was called. At our first meeting I told him that I had not fully diagnosed the case, and suggested that we have the patient stripped and examine for the results of chronic pleurisy. The mother had asserted there was no deformity of the chest, and the former doctor had not suggested the existence of either pleuritic effusion or empyema.

On exposing the chest the results of long-continued accumulation of fluid were immediately observed. There was anterior bulging of the ribs on the left side, with pouting of the intercostal spaces; great bulging of the ribs posteriorly on the right side, and

*Read before the Louisville Medico-Chirurgical Society, September 16, 1881.

double lateral curvature of the spine. The apex heart-beat was immediately under the right nipple. There was entire absence of even bronchial breathing on the left side, and perfect dullness of course. The right lung, although greatly crowded by the heart and fluid contents of the left side, was performing its function as best it could, there being of course quite an amount of dyspnea; lungs believed to be free from tubercle. Diagnosis: fluid — probably pus, possibly serum — filling entire left cavity. Prognosis guarded. Believing that the trouble from the contained fluid had been in existence for the space of two years, it could not be known what amount of disorganization might be present; but gave the opinion that if the fluid could be gotten rid of, and the absence of serious lung lesion proved, she would get well.

We decided to send her to the country, where she would have better surroundings, and try to build up her general health before operating. She did not improve, and we proceeded to operate by introducing a small trocar at the usual site, and drew off about eight ounces of pus, slightly greenish, but having no special odor.

Two weeks afterward, the patient in the meantime having been brought to the city, Dr. Holland aspirated and removed twelve or fourteen ounces of pus of the same character as before.

Six days subsequently (the first operation was done the 31st of May) Dr. Holland operated again; and at this time, seeing that the ribs had sufficiently separated to admit of a larger trocar, a larger one was introduced. The cavity was freely emptied, discharging fully a quart of pus. After the cavity was emptied a piece of soft, well-dressed tubing having a closed end, and being fenestrated, was passed through the canula and made to reach the bottom of the cavity, passing backward and downward for about five inches, leaving a free end of about seven inches outside. This was well secured by adhesive strips to prevent further ingress or egress. The distal end of the tube was ligated to prevent exit of pus for the time, and also to prevent ingress of air. This ligature was untied every third day and the pus allowed to escape; after which the cavity was freely washed out by forcing in water medicated with Listerine, and allowing it to escape through the same tube. After a few dressings in this way the pus began to diminish in quantity. We then decided to make the dressings more frequently, emptying the pus twice a day, and using the medicated wash once a day. After this was done several times, the quantity of pus not diminishing very rapidly, a small quantity of carbolic acid was added with the Listerine. From this time on the quantity of pus rapidly lessened; and on the 28th of July, Dr. Holland having left the city, I removed the tube. The opening discharged for several days a few drops of pus occasionally, and then closed up perfectly.

At this date (September 12th) she is perfectly well. The heart is *in situ*, perfect respiratory murmur heard over the entire left lung, except at the extreme lower point anteriorly, which seems to be slightly contracted. There is a depression in the chest-wall at this point, the sternal end of several ribs being forced forward because of the backward curve of the body of the ribs producing a slight degree of "pigeon-breast." The physical conformation of the chest consequent on the long presence of the pus still remains of course. There is still some lateral curvature of spine, and also the bulging of ribs upon the right side posterio-lateral. Both lungs are believed to be free from tubercle or other abnormal deposit. Patient sleeps well, has no cough, is very sprightly and agile, has good appetite, and her weight is rapidly increasing. I am happy to be able to say that Dr. Holland, who has returned to the city, bears me out in the opinion that the case is cured.

There are several points of interest in this case. The first that I will notice is the fact that the presence of this trouble should for so long a time remain unsuspected, showing the necessity of making special and minute examination of every case of protracted ailment where the diagnosis is at all obscure. Second, how it was possible that such a quantity of pus could be retained in the pleural cavity for so long a time and not produce more serious consequences than were present in this case beyond the conditions that were brought about by the mechanical pressure of the pus. It is true that the discoloration of the skin and the periodical fever were in all probability due to blood-poisoning; but this condition had been in existence for months, and beyond the fact that her general health was being gradually undermined by it the case did not present a much more threatening aspect than had obtained during all this time, as I learned from the parents of the child.

The point of most practical importance is the fact of the rapid recovery of this

case under the circumstances. My opinion is that this was due mainly to the thorough and frequent emptying of the pleural cavity. Complete drainage with thorough washing did the work and brought the case to so happy a result. This case might not have its complete counterpart in the experience of any one else, and if not it will only be another illustration of the fact that each case has to be treated on its own merits.

And now, gentlemen, in conclusion I wish to say a few words in reference to a subject that just now and for some little time past has been occupying the public as well as the professional mind of the country. I do this not to instruct this intelligent Society, but the rather that there may be no confusion among us in reference to the definition of certain medical terms. These terms are pyemia and septicemia. If I have a correct understanding of this subject, we may have septicemia from the absorption of not only pus-putrid or blood-putrid, but gases even generated by decomposing pus or blood or broken-down tissues. Pyemia, on the other hand, is caused by the absorption of pus (it may be healthy) into the circulation, and the deposit of it or a portion of it at another point, wherever it may be arrested by emboli or other cause, thereby establishing another suppurating surface; and this not being a proper metastasis — metastasis technically meaning a perfect change of location. Hence we may have septicemia and pyemia present in one and the same case; but we may have septicemia without pyemia, and we also may have pyemia without having septicemia.

LOUISVILLE.

Correspondence.

A PERFECT SOLVENT FOR QUININE SULPHATE

Editors Louisville Medical News:

I was called to see a patient some time ago ill of remittent fever who could not take pills or swallow quinine unless it were made in solution. I was put to thinking of some way to give it, and looking over my medicine-case the first article I noticed was a bottle of the sweet spirit of niter, and to one ounce of this I added twenty grains of sulphate of quinia, and found to my surprise that I had discovered a perfect solvent for quinine sulphate. I use the spirit of niter whenever I desire a solvent, since it makes a beautiful solution, and appears to counteract in some measure the nausea which is so often troublesome in fevers.

My reliance, however, to counteract nausea and headache in fevers is laid upon the potassium bromide. I generally leave about two drams, directing the nurse to put it in a glass of water and allow the patient to drink small quantities through the day, and especially after each dose of the quinine. I have found this to relieve patients to a considerable extent, if not altogether, of sick stomach, ringing in the ears, etc.

Giving Opium.—It is of frequent occurrence that opium and its alkaloids are rejected by the stomach, and the physician is put to his wits' end to find some substitute when hypodermic medication will not do. Owing to the tendency of opium *per orem* to nauseate, belladonna is prescribed; but this is not a perfect substitute, and my experience with Jamaica dogwood leads me to regard it as an unreliable and costly experiment. To overcome the nauseating effect of opium is to break down the principal barrier to the use of a great remedy. To this end I have recently used with unvarying good results the oxalate of cerium in combination. I generally combine one grain of opium with five to ten grains of oxalate of cerium, and have yet to see it rejected by the stomach. It will be useless to give less than five or ten grains of the oxalate.

Bromide of Potassium and Valerian.—Dr. Hammond, in the latest edition of his work on the nervous system, says potassium bromide is very variable in strength, and recommends sodium bromide as better. Unable to procure sodium bromide of my druggist, to be used in the treatment of a case of puerperal eclampsia, I discarded potassium bromide and put my reliance on the fluid ext. valerian. It acted like a charm, and I have since used it as a nervous sedative with the most satisfactory results, and prescribe it always with confidence. Potassium bromide has often disappointed me, but valerian never has, and I make it my sole reliance as a nervous sedative.

Toothache.—My neighbor, Dr. W. J. Bell, requested me to try the comp. tinct. benzoin in the treatment of toothache, saying that he had seen it recommended somewhere and that he had used it with good results. I gave it a trial and found it the best remedy I ever used. Patients like it because of its pleasant taste and odor.

ROB'T C. KENNER, A.B., M.D.

BATESVILLE, ARK.

Books and Pamphlets.

Library of Medical Classics.

Under the above title the publishers, Bermingham & Co., 1260 Broadway, New York, design to publish a series of standard medical works in a cheap form. The remarkable success which has attended the enterprise of a well-known literary "exchange" has been the incentive to the present undertaking. As long as the persons most interested in an international copyright fail to agree upon the questions of the rights of authors in foreign lands, they must expect publishers to "appropriate" all the saleable reading matter they can. The books of this series are reprints of foreign works, on good paper, with brevier type, in double column, 8vo pages, bound in paper. The manuscript costs nothing, and the form admits of great economy of paper; hence the surprising cheapness. Many impecunious students will be tempted to expend twenty-five cents for the classical treatises of such men as Playfair, Duncan, and Mackenzie. The books themselves are already well-known and call for no special criticism.

These works will be sent, postpaid, upon receipt of price by the publishers. We have received the three numbers given below.

A PRACTICAL MANUAL OF THE TREATMENT OF DISEASES OF THE RECTUM. By Henry Smith, F.R.C.S., Surgeon to King's College Hospital, late President of the Medical Society of London. First American from the fourth English edition, with numerous additions and illustrations. No. 1, price 25 cents.

CLINICAL LECTURES ON THE DISEASES OF WOMEN. Delivered at St. Bartholomew's Hospital, London, by J. Matthews Duncan, M.D., LL.D., F.R.S.E., etc. No. 2, price 30 cents.

A MANUAL OF VENEREAL DISEASES, FOR STUDENTS AND PRACTITIONERS. Being a Concise Description of those Affections and of their Treatment. By Berkeley Hill, Professor of Clinical Surgery in University College, London, and Arthur Cooper, late House-surgeon to the Lock Hospital. Second edition. No. 3, price 20 cents.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF MISSOURI. Twenty-fourth Annual Session, May, 1881.

A beautifully-printed collection of good papers.

HISTORICAL SKETCH OF THE MEDICAL SOCIETIES OF BALTIMORE, MD., FROM 1730 TO 1880. By G. L. Taneyhill, A.B., M.D. Read before the Medical and Chirurgical Faculty of the State of Maryland, October 13, 1880. Reprint.

FAVORITE PRESCRIPTIONS OF DISTINGUISHED PRACTITIONERS, WITH NOTES ON TREATMENT. By B. W. Palmer, A.M., M.D. 16mo, pp. 121. Flexible cloth, price $1. New York: Bermingham & Co. 1881.

This compilation may be of use to those practitioners whose memories are bad or whose habit of mind inclines them to follow strictly in the steps of a master.

Formulary.

FOR VARIOUS KINDS OF HEADACHE.

The following prescriptions are recommended by standard authorities in the treatment of various forms of headache as highly efficacious (Medical Gazette):

Plethoric Headache:

℞ Sodæ citro-tart. efferv... ℥j–ij; 4.00–8.00 Gm. (B. P.)

Sig. Take while effervescing in a third of a tumblerful of cold water early in the morning.

In Neuralgic Headache and Cerebral Anemia:

℞ Liquor cinchonæ.....	♏ xx;	1.33 fl.Gm.;
Liquor Fowleri.....	♏ v;	0.33 fl.Gm.;
Aquæ puræ, ad.....	℥j;	30.00 fl.Gm.

M. Sig. To be taken three times a day after food.

Bilious Headache, with Flatulence:

℞ Magnes. sulphat.....	℥vj;	24.00 Gm.;
Magnes. carbonat.....	℥j;	4.00 Gm.;
Tinct. lavend. co.....	℥iij;	90.00 fl.Gm.;
Aquæ menth. pip., ad...	℥viij;	250.00 fl.Gm.

M. Sig. A sixth part to be taken early in the morning and repeated as may be necessary.

Neuralgic Headache, with Constipation:

℞ Quiniæ disulph.....	gr. xij;	0.72 Gm.;
Acid. sulph. dil.....	℥ss;	2.00 Gm.;
Tinct. ferri perchlor... } Spt. chloroformi..... }	ää ℥ij;	8.00 Gm.;
Magnes. sulph.....	℥jss;	45.00 Gm.;
Syr. zingeberis.....	℥j;	30.00 fl.Gm.;
Aquæ, ad.....	℥xij;	370.00 fl.Gm.

M. Sig. Two tablespoonfuls three times a day.

Neuralgic and Nervous Headache marked by General Debility and Defective Nutrition:

℞ Syr. ferri et cal. lactophosphat. ℥ij: 60.00 fl.Gm.

M. Sig. One or two teaspoonfuls in a wineglass of water twice a day after food. Fifteen or twenty grains of bromide of potassium or ammonium may sometimes be added to each dose with advantage.

Or for the same condition the following is serviceable:

℞ Calcis hypophos.....	gr. lxxx;	5.33 Gm.;
Tinct. ferri perchlor...	℥iij;	12.00 Gm.;
Quiniæ sulphat.....	gr. xvj;	1.06 Gm.;
Strychniæ.....	gr. ½;	0.03 Gm.;
Spt. chloroform.....	℥ij;	8.00 fl.Gm.;
Syrupi.....	℥jss;	45.00 fl.Gm.;
Aquæ puræ, ad.....	℥viij;	250.00 fl.Gm.

M. Sig. A tablespoonful three times a day in a wineglassful of water.

Anemic Headache of Children:

℞ Liquor ferri dialysati..... ℥j; 30.00 fl.Gm.

Sig. Ten to thirty minims in a wineglassful of water twice or three times a day.

Congestive Headache:

℞ Ammon. bromid.....	℥j;	4.00 Gm.;
Spt. amm. aromat.....	℥ss;	2.00 fl.Gm.;
Aquæ puræ, ad.....	℥jss;	45.00 fl.Gm.

M. Sig. To be taken on rising in the morning.

Medical Societies.

THE INTERNATIONAL CONGRESS.

THE TREATMENT OF SPINAL CURVATURE.

[From the British Medical Journal.]

A discussion upon this subject was commenced and completed on August 4th. The following papers were read:

SPINAL DEFORMITY AND SAYRE'S METHOD. By A. M. Da Cunha Bellem, M.D. (Lisbon):

The author accepted almost to the full the principles on which Sayre advocated his especial method of treating spinal deformity. He thought, however, that neither the pelvis nor the shoulder afforded a fixed point for securing immobility of the spine. In hot countries the bandage must be changed at least once a month. One of its disadvantages was that it interfered with sea-bathing, and also with general cleanliness. The author did not approve of the "jury-mast"; it rendered the patients uncomfortable, even if they did not actually resist its application. Anesthesia, he thought, ought never to be attempted. Six months, he found, did not always suffice to restore a diseased spine to its natural condition.

THE TREATMENT OF SPINAL CURVATURE. By C. H. Golding-Bird, M.B., F.R.C.S. (London):

The author said that of the four deforming affections of the bones, including the spinal column, only three were found in children, viz. caries, rachitis, and "general curvature." The fourth, osteomalacia, did not concern this question. These diseases being familiar to all, attention was only drawn to their treatment as affecting the spinal column. This fundamental fact must first be admitted, that these affections were the same whether in the spine or other bones; therefore the essential principles of treatment were identical in both cases. Therapeutically, spinal diseases (in children) formed two classes: (*a*) inflammatory (caries, or "Pott's disease"); (*b*) non-inflammatory (rickets and general curvature). Caries, as in the tarsus, being inflammatory, required absolute rest, immobility, relief from pressure, and free drainage of pus when formed. Rachitis and "general curvature" (as in curved tibiæ and some flat feet) required temporary support to the weakened tissues, and improvement of muscular tone. All required suitable medicinal treatment. Sayre's method, as applied to spinal cases, fulfilled all these requirements; the "jacket" was but a part of the whole treatment. The jacket of plaster of Paris closely applied during extension, either vertical or horizontal, gave the necessary "physiological rest" to an inflamed spine; while to both this and to the non-inflamed, it gave relief from downward pressure, thus maintaining whatever of straightness was gained by the extension. The jacket effected this by being a solid investing carapace, that would not yield the necessary lateral space, required as a compensatory for a diminished height on ceasing the extension; and not by any pressure upward or downward or from side to side, like the old pieces of "spinal" mechanism, which only gave a very general sort of support. Since obviously the full limit of extension reached could not be maintained by the jacket, it was requisite in "general curvature" (rachitic children were usually too young) daily to practice Sayre's self-suspension from the head, so as to periodically open up the spine to its greatest extent, and exercise the weakened dorsal muscles. Early cases of "general curvature" were thus cured, even without the jacket; and children took very readily to the exercise. Thus by making the support to the spine an integral part of the patient, the patient could exercise out of doors as before, and that with ease and comfort; the reclining board was no more required. If the jacket were cut up, or were made of such material as felt, it was not nearly so efficient; it ceased also to maintain the chest in the position of full inspiration, calculated to give most play to the thoracic organs. In caries rest was the principal object, and for this the jacket sufficed; in general curvature and rachitis extension and support were paramount, hence daily exercise was as important as the jacket. In early and moderate cases of general curvature cure might be confidently expected; that more advanced cases derived little benefit was due to other causes than to the mechanical means being insufficient.

THE TREATMENT OF SPINAL CURVATURE. By Henry F. Baker, F.R.C.S.,Ed. (London):

The author divided the subject into the following parts: 1. The suitableness of this form of treatment under discussion in cases of angular curvature; 2. At what stage in the treatment of the curvature it should be used; 3. Its suitableness in cases of lateral curvature; 4. Whether the whole method of treatment should be carried out, or only a part. In the first place, with regard to angular curvature, the author considered that in the acute stage of the disease extension was attended with danger; and that in the more advanced cases, when ankylosis had taken place, it had no effect at all on the deformity, and that it should never be practiced in these cases. In reference to the use of the plaster jacket for the treatment of angular curvature, he considered that it did not give the required rest to the spine, and that it was liable to constrict injuriously the chests of growing children, and that a state of recumbency was absolutely necessary to prevent the deformity increasing in the first stage of the disease. In a very limited number of cases, when the disease had been arrested and other forms of support could not be obtained, it was undoubtedly of use. In cases of lateral and other curvatures of the spine which are not accompanied by diseased bone, Mr. Baker was of opinion that suspension in the way suggested by Dr. Sayre was a useful addition to other modes of treatment, but that in those cases in which some form of support was absolutely necessary, plaster jackets were very inferior to those made of steel, which could be adjusted at any time by the surgeon attending the patient.

ON SOME OF THE ABUSES OF THE JACKET-TREATMENT OF SPINAL DISEASE. By Walter Pye, F.R.C.S:

The author, while acknowledging fully the debt European surgery owes to Dr. Sayre for the able advocacy of his treatment, and granting that it is due to his exertions that in England it has come into such general use, considered that in many cases the jacket was hastily and needlessly applied, and that its employment was often actively harmful. He divided the cases in which the jacket-treatment is abused into two classes: firstly, those due to a wrong selection of cases, such as simple rickety spines; cases of simple lateral curvature, in which the disease is perpetuated by the use of rigid support; certain cases of true spinal caries, for in infants, during the early progress of the disease, the older plan of rest and horizontal

position succeeded better than did any attempt to immobilize the spinal column, and was free from the risk of preventing due development of the trunk; but the jacket might be used from the first in older children, with or without confinement to bed; cases in which the lungs or heart are affected, in addition to the affection of the spine; cases in which carious spine is associated with any high degree of paralysis, incontinence of urine, etc. Secondly, those in which the jacket is applied in a wrong method. Many jackets were far too thick and strong. The swing he considered to be, for children, useless, if not harmful; the object of extension being to allow the body to hang as straight as it might, while avoiding all risk of disturbing any adhesions between consolidating vertebræ, and to bring the chest-walls into a condition of extreme inspiration. It was held that these objects were best attained by holding the child by the arms with the feet on the floor, or by the use of an inclined plane. Another error in application arose from neglect of the inspiratory position of chest-walls, insufficient hold of the jacket on the pelvis, and inaccurate fitting to the spinal curve or angle.

Mr. Arthur Barker (London) expressed his acquiesence in the principles of the treatment of spinal caries formulated by Prof. Sayre, and he believed his method to be the best yet devised for the purpose, and that failure was due to want of care in carrying out the directions of the designer. He did not think that the corset was suited to very young children, neither did he believe that any improvement in the angular deformity ought to be hoped for by suspension. In conclusion, he observed that the corset was sometimes applied unnecessarily to a spine where consolidation was already complete.

Dr. Martin Oxley (Liverpool) had had a most satisfactory experience of Sayre's method, and applied it to every case of Pott's disease. He believed that when he first began to use the method he had overextended his patients, and had possibly done harm in this way; for which Dr. Sayre, who had demonstrated the curve before and after suspension, was to some extent responsible. In applying the jacket all the prominences ought to be covered with a ring pad; suspension ought not to be carried further than to take the weight off the diseased vertebræ, not to straighten the deformity; the total height of the body was increased, but this was due to the whole body above the disease being supported. He had not met any case that he could not treat by the jacket. The most important point in the treatment was the long-continued rest which a jacket, worn for half a year, afforded; and for this reason he strongly insisted that the jacket should be kept whole and not slit up; for if it were slit up it must, when reapplied, be bandaged very firmly to the trunk, and so the functions of respiration might be interfered with. Patients might be kept clean by changing the undershirt; this might be done by putting on two undershirts when the jacket was first put on; when the shirt was to be changed a clean singlet was tied on to the lower edge of the singlet next the skin; by drawing the soiled shirt off the clean one was drawn on.

M. Dally (Paris) had seen suspension practiced in Leipsig twenty years ago, but the most important point in the treatment—the plaster jacket—was Dr. Sayre's. He believed that the extension of the spine was very limited indeed; in fact, he considered it practically impossible. If the extension were sufficient to lift the feet from the ground, which was a mistake, the weight was supported by muscles of the vertebral column, and not by the spine. He was strongly in favor of Dr. Sayre's method.

Dr. Sayre (New York) said that he utterly condemned the use of an anesthetic during suspension. He used suspension in applying the jacket to Pott's disease because he could get at every part of the patient's body best in that manner; because it greatly improved the figure, not by opening up the boss itself, but by correcting compensatory curves and improving the general bearing; and also because, if employed in the cautious manner he practiced and taught, no harm could possibly come of it. It was not uncommon for children to cry at first, particularly if they had been under instrumental treatment previously; but so soon as they found their pain relieved and that they could run about in comfort, they ceased to cry. Dr. Sayre had frequently seen them fall asleep while the jacket was being applied; and they slept as a rule immediately afterward while lying on the air-bed for the plaster to harden or "set." The "plaster jacket" might be applied in Pott's disease at all ages except in children who are too young to walk; in these the horizontal posture in the "wire cuirass" on an air-bed was the best treatment, because in this cuirass they could be carried in the open air with safety. If the disease were in the cervical or dorsal vertebræ, then the addition of the "head-rest" or "jury-mast" to the jacket was necessary. The jacket should be changed or a new one applied as often as necessary to accommodate the increasing growth of the child. In adults they might be worn a year or more; in fact, Dr. Sayre had seen a number of such cases, where a single jacket had been worn until complete consolidation had taken place, cleanliness having been preserved by introducing a towel under the jacket and shirt next to the skin, and then drawing it rapidly up and down for the sake of friction, and absorption of perspiration. Dr. Oxley had suggested putting on two skin-fitting shirts before the plaster was applied; and then, when necessary, a new or clean shirt could be taken on to the inner one, and thus drawn up into place underneath the jacket whenever required. In Pott's disease the jacket should be worn entire, and never cut down to be worn as a corset until after recovery was complete, the average time for cure being from one to two years. The patients in many cases could carry on their ordinary business all the time, instead of being confined to bed, and never suffer any pain so long as the "jacket" gave proper support. Dr. Sayre showed a photograph of a man on whom he had placed a plaster jacket at the Royal Orthopedic Hospital three years since, assisted by Mr. Balkwill. The man had been sent to Mr. Brodhurst by Dr. Macnaughtan Jones, of Cork. The first picture represented him unable to stand erect, but bearing the weight of his head and shoulders by placing his hands just above the knees; and the angle in the mid-dorsal region was very prominent. Dr. Sayre and Mr. Balkwill suspended the man and applied the jacket, and the next day the patient returned to Ireland, where Dr. Sayre saw him, six weeks afterward, doing duty at the railway station as porter. The next photograph shown was of the man, taken at that time in Cork, showing a most marked improvement, as he was perfectly erect and the prominence much less conspicuous. He wore the jacket applied by Mr. Balkwill and Dr. Sayre for nearly four months, when Dr. Macnaughtan Jones applied a new one, which he wore nearly a year, when he was cured. Dr. Sayre showed the photograph of him as taken at that time, which had been sent to him by Dr.

Jones. The man remained in perfect health, and his figure was remarkably good. Dr. Sayre then exhibited a great number of photographs of cases of Pott's disease before and after successful treatment. He then spoke of "lateral curvature," and said that two such different diseases ought not to have been discussed together. Because a portion of the treatment in each deformity was applicable, with certain modifications, in the treatment of both classes of cases, they ought not to be confounded together. One of the speakers had said that lateral curvature, if much advanced, could not be cured. But by the application of self-suspension, as recommended by Dr. Benjamin Lee, of Philadelphia, the use of the plaster jacket to retain the benefit derived from the suspension, together with general tonics, appropriate gymnastics, shampooing, electricity, etc., many cases of advanced lateral curvature had been cured. Dr. Sayre exhibited a number of photographs to confirm the accuracy of his statement. One of them exhibited a number of bruised spots, the result of pressure from a brace, and was a very bad deformity. The same case, self-suspended, showed a most marked improvement; and the next photograph, of the same patient, taken sixteen months afterward, was as near a perfect form as was generally seen. This improvement had been attained by self-suspension and the plaster jacket. The jacket was applied while the patient was self-suspended, care having been taken to have the shirt accurately fitted and the mammæ properly protected; and then the patient continued the self-suspension twice a day or oftener, a few minutes at a time, until the body had so straightened out of the "jacket" that it no longer gave support over the projecting curve. Therefore as soon as the hand could be placed between the patient and the jacket over the projecting hump, a V-shaped piece of plaster should be cut out over this part down to the shirt, and the plaster peeled off from the shirt. Then the patient should again suspend himself, and a new roller of plaster-bandage should be applied over the opening completely around the old jacket, thus closing in the space and retaining the improvement gained. This could be repeated as often as required. When the case had improved as far as it would, then the jacket should be cut in the center in front, and lacers applied, the jacket being used as a corset. In moderate cases the jacket was not necessary.

Mr. Holmes (London) summed up the debate. He said that the main conclusions arrived at seemed to be as follows: 1. Nobody seriously contested the priority of Dr. Sayre as the introducer of the method; such traces as there were of similar treatment in the hands of other surgeons were nothing more than the resemblances always found in the ideas of our predecessors to those of our own day. 2. The discussion had dealt almost exclusively with angular curvature, to which it would perhaps have been wiser to have altogether limited it. 3. The debate had not enabled us strictly to define the class of cases for which the treatment was most indicated; but most speakers who recommended it seemed to be agreed that the earlier it was employed the better; but we were still unable to say whether, and how far, symptoms of decided spinal irritation or inflammation should be taken as contra-indicating it. 4. Only a small minority of the speakers rejected the method; the majority agreed that in at any rate a large majority of cases the method offered very great advantages. 5. No form of extension (by suspension or otherwise) was a necessary part of the treatment; the jacket could be applied when the patient was suspended, or erect, or horizontal. 6. There appeared to be no evidence that any actual straightening of the spine had ever been produced. 7. Though Dr. Sayre and most other speakers appeared to prefer the plaster, there seemed no valid reason why other plastic material would not do as well. 8. The possibility of changing the inside shirt without removing the jacket was an important practical point brought out by the discussion. 9. That there were drawbacks, such as ulcers, abscesses, etc., seemed not only possible, but inevitable. The extent and nature of these drawbacks should be stated, but they formed no radical objection to the treatment. 10. It seemed probable that the average length of time required for cure would be found much less than in the treatment by rest in bed. 11. Finally, the general opinion seemed to be that this was a real and great advance in practical surgery.

Miscellany.

Opening and Drainage of Cavities in the Lungs.—It is only a little more than a decade since Prof. Mosler, of Greifswald, in Germany, conceived the brilliant idea of combating cavities in the interior of the lungs by surgical means. Although experience has since demonstrated that this procedure is of no avail in consumptive cavities for which it was first employed, yet the operation did this much good, that it called the attention of the profession to the surgical treatment of cavities in the lungs, and indirectly established the fact that such cavities might be opened and drained with comparative impunity.

Drs. Fenger and Hollister, of Chicago, in a paper on this subject in the October number of the American Journal of the Medical Sciences, state that thus far only six cases o this form of interference with cavities have been reported, and only one, their own case, was successful in so far that it terminated in complete recovery. The clinical histories of these several cases are communicated in this paper, the original case being one of suppuration around a large echinococcus cyst in the lung of twelve years' standing. An incision was made in the third intercostal space anteriorly, through which the large cyst was subsequently removed. A counter-opening being made between the fifth and sixth ribs, a drainage-tube was introduced and daily injections of carbolic acid practiced. The authors conclude that "the operation is justifiable in any case where the presence of a gangrenous or ichorous cavity having been ascertained, it is found that, notwithstanding an outlet through the bronchi for a portion of the contents of the cavity, it steadily fills

up again, the partial evacuation does not relieve the patient, who gradually loses his strength and progresses toward a condition of collapse, a steady or intermittent rise in temperature continues; the infection of the healthy portions of the lung from the decomposed contents of the cavity has commenced, or is evidently about to take place; the breath and expectoration continue fetid; absence of appetite; increasing weakness, with or even without fever, etc. These indications will enable any medical man of some clinical experience to determine in the majority of such cases when the disease has reached a point from which spontaneous recovery is impossible." At the same time it is observed that any cavity covered by the scapula or situated within the supra-clavicular and infra-clavicular regions may at present be regarded as inaccessible. The immediate indications and details of the operation are fully discussed in this paper as well as the methods of after-management of an interesting class of cases otherwise not amenable to treatment.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE. JULY 1, 1881, TO SEPTEMBER 30, 1881:

Bailhache, P. H., Surgeon. Detailed as member of Board to examine keepers and crews of Life Saving Stations. September 8, 1881. To inspect the Service at stations in Maine, New Hampshire, and Massachusetts. September 9, 1881.

Wyman, Walter, Surgeon. When relieved of special duty as medical officer, Revenue Bark "Chase," to rejoin his station, via Washington, D. C. August 18, 1881.

Long, W. H., Surgeon. Detailed as chairman of Board of Examiners. September 12, 1881. Granted leave of absence for twenty-four days. September 24, 1881.

Purviance, George, Surgeon. Detailed as member Board of Examiners. September 12, 1881.

Sawtelle, H. W., Surgeon. Detailed as recorder Board of Examiners. September 12, 1881.

Godfrey, John, Passed Assistant Surgeon. To proceed to Pascagoula, Miss., as inspector. July 27, 1881.

Goldsborough, C. B., Passed Assistant Surgeon. To proceed to Havre de Grace, Md., as inspector. July 27, 1881. Granted leave of absence for thirty days. September 1, 1881.

Cooke, H. P., Assistant Surgeon. Granted leave of absence for thirty days. August 12, 1881.

Carter, H. R., Assistant Surgeon. Granted leave of absence for eight days. September 24, 1881.

AMERICAN PUBLIC HEALTH ASSOCIATION. The Ninth Annual Session of this Association will be held at Savannah, Ga., November 29th to December 2d, inclusive. Azel Ames, jr., secretary.

THE Sixteenth Semi-annual Meeting of the McDowell Medical Society was held at Madisonville, Ky., on Tuesday and Wednesday, November 1st and 2d. The following reports were on the programme:

Action of Salicylic Acid—Dr. C. H. Todd, Owensboro.

Typhoid Fever—Dr. J. L. Dulin, Beverly.

Local Sanitation—Dr. P. Thompson, Henderson.

Post-partum and Accidental Hemorrhage—Dr. J. W. Pritchett, Madisonville.

Treatment of Wounds—Dr. J. F. Kembley, Owensboro.

Rupture of Uterus in Progress of Labor—Dr. S. S. Watkins, Owensboro.

Bright's Disease—Dr. L. G. Alexander, Hopkinsville.

THE USE OF HOT WATER IN THE LOCAL TREATMENT OF DISEASES OF THE EYE.—In a communication to the Amer. Journal of the Med. Sciences Dr. Leartus Connor speaks very highly of the frequent local application of hot water to the eye in cases of acute conjunctivitis and blepharitis, and also in chronic hyperemia, granular inflammations, iritis, and corneal affections, in which he has used it with great success. The water must be as hot as the patient can comfortably bear with his hand. The patient leans over the basin and throws the water against the eye for a few minutes three or twelve times a day, according to the case.

MATERNAL IMPRESSIONS.—The following occurred in the practice of a Maryland physician, according to the Dublin Med. Journal: "A lady during pregnancy carried with her a pocket-edition of Moore's poetical works, which she read almost constantly. Her child, at three years of age, exhibited a most wonderful gift of putting sentences into rhyme; in fact, naturally expressed his little ideas and thoughts in flowing measure!" Blame not the bard—but a case like this shows how important is a well-assorted library to a gravid uterus.—*British Medical Journal.*

EPISTAXIS CURED BY A BLISTER.—Dr. Verneuil relates the case of a man whose epistaxis occurred every third day. Sulphate of quinia was given without avail; ergot was administered with no better result; so was digitalis. The patient had been a habitual drinker. The liver was thought perhaps to be "cirrhosed," although no enlargement or tenderness was found in this region. A large fly-blister was applied over the liver, since which time the epistaxis has not returned.—*Canada Med. Record.*

MATÉ.—Mr. E. Geldart, of Little Braxted Rectory, Witham, in a letter to the Daily News, writes as follows concerning maté: "For some two or three years I have been a 'maté-drinker,' and considering the easy communication and frequent intercourse between England and the Argentine Republic, it has been a source of wonder to me that the drink of Paraguay has not long ago been popularized in this country. In the Paris Exhibition of 1878 'yerba,' as it is called, was sold; but, judging from an extremely musty and stale specimen which I saw in a friend's hands, was perhaps not calculated to inspire confidence. The tea (or herb, rather) will keep in perfectly good condition for a long time if preserved in the cow-skin bag in which it is sold; in fact I have some by me now three years old. The chief difficulty is to make the tea. Although this is done by 'simply pouring boiling water,' yet this requires to be done very deftly or else the pipe through which the drink is sucked becomes clogged with dust and twigs, and the cup which does 'not inebriate' fails also to 'cheer.' The process of making, to be successful, is thus performed: Having procured your 'maté,' which is the small gourd from which the tea is drunk, put into it two or three spoonfuls of the 'yerba' or tea, then closing the top of the maté with the hand, turn it upside down and shake it well. The object of this proceeding is to bring the dust to the top and the twigs to the bottom (when the cup is returned to its normal position). Having shaken it thus, turn the gourd slowly round till the 'yerba' has fallen back just enough to enable you to remove your hand from the orifice without spilling the contents. Then take the 'bombilla,' a silver tube with a pierced bulb at the end, and slip the same carefully under the 'yerba' and turn the 'maté' upright, being very careful not to shake the contents. Then 'pour the boiling water,' adding sugar if desired, and the drink is ready when it has stood, say one minute. Each 'charge' will bear watering perhaps three times, after which it should be cleaned out. I fear that some Europeans will be inclined to object to the process of drinking, which is as follows: The servant, either black or white, always has first suck (in order to clear the tube of dust), the 'maté' is then handed to the party one by one, and all draw in the liquid through the same pipe. But use accustoms one to anything, and I have drunk contentedly from the steaming cup in very mixed and somewhat questionable company ere now, upon the prairie, and should be quite ready to repeat the dose.' The drink has one great advantage—it is cheap. If my memory fails me not, it is about one shilling a pound. The maté and bombilla cost, say ten shillings. I believe, moreover, that it has great 'staying powers.' The Gauchos, in South America, say that if you want to ride 'long and strong' take a piece of bread and a 'maté.' A Chileno I once met on board ship said that he went through the famine of the Commune in Paris on 'maté'."—*Brit. Med. Journal.*

QUARANTINING PHILADELPHIA.—It having been reported that cholera was prevailing in Philadelphia, Malaga (Spain) established a quarantine against all vessels from that port, and the Norwegian government incontinently followed the Spanish example. These declarations have elicited from the health-officer of Philadelphia an official statement that during the current year (1881) not a single case of cholera has occurred in that city or port. If there had been an international system of sanitary reports this egregious mistake might have been prevented.

PERITONITIS AS A COMPLICATION OF DIPHTHERIA.—Two cases of peritonitis apparently due to diphtheria are reported by Dr. Wm. C. Dabney in the Amer. Jour. of the Med. Sciences; one of the patients, a young lady, during an attack of diphtheria, vomited and passed also by the bowels a false membrane. She died upon the third day with peritonitis.

THE XIXe Siecle relates of Dr. Nélaton that he was accustomed to say, "If you have the misfortune to cut a carotid when performing an operation, remember it takes two minutes for syncope to supervene and as many more before death occurs. Now four minutes are four times the time required for a ligature, provided you don't hurry yourself—never hurry yourself."

NITRITE OF AMYL IN CHORDEE.—Nitrite of amyl will be found a very effectual remedy in chordee and painful priapism. We have recently prescribed it for those conditions with very satisfactory results. Three to five drops by inhalation is the proper dose.—*St. Louis Clinical Record.*

DR. E. M. HARTWELL says that the first recorded post-mortem examination made in America was done August 8, 1670.

Selections.

The Obstetrical and Gynecological Employment of Chloral Hydrate.—From Boston Medical Journal, July 7th):

At a meeting of the Boston Gynecological Society Dr. Brown read a paper upon this subject, and observed that the property which renders this remedy so useful in obstetrical practice is the power which it possesses in so pre-eminent a degree of controlling all irregular, excessive, and abnormal muscular contraction. The power the hydrate is said to possess of preventing coagulation of the blood should also render it a prophylactic of great value in relation to cardiac thrombosis and pulmonary embolism. He summed up his statements as follows: 1. Chloral hydrate may be safely and efficiently used in labor to relieve the pains of normal and abnormal uterine contraction. 2. It suspends all undue reflex action and resulting pain of a tendency to retard labor. 3. Labor under its influence is of much shorter duration. 4. Its use in relieving pain is most striking and satisfactory when this is caused by abnormal and spasmodic muscular contraction.

Dr. Weeks, while admitting the efficacy of chloral, thought its danger was somewhat underrated, and referred to the deaths tabulated by Dr. Kane in the New York Medical Record, in corroboration of his views. In obstetric practice we are always more or less exposed to the danger of collapse and hemorrhage, and under such circumstances the patient would be poorly prepared for it if she had been previously for any time and to any extent under the influence of this powerful depressant.

Dr. W. S. Brown observed in relation to the excitant influence sometimes consequent on its continuous employment, that he thought it should be seldom so employed; and that in resorting to this drug we must use caution, as we should do with opium. There is here also the danger of forming a habit. He agreed with the writer of the paper that the hydrate is the best antispasmodic that we possess; and the presence of the excessive muscular action in parturition gives additional security in its use. If its therapeutical activity is dependent upon its conversion into chloroform in the blood, we can understand the uncertainty of its operation, for chloroform is the most treacherous drug known to the profession.

Dr. Field expressed a strong feeling of surprise and disappointment at the general distrust or disapproval expressed in regard to a remedy which he had come, years since, to regard as indispensable and beneficent. He had not used it in parturition because he was perfectly satisfied with chloroform. This powerful remedy, dangerous or uncertain elsewhere, is safe here; for the researches first of Simpson and then of Campbell have failed to discover any case of death or injury to either mother or child from its use in private or hospital practice. Dr. Fielding believes that the hydrate is particularly safe with the young, and he has repeatedly prescribed five grains to a child under two years of age as a sleeping draught, with orders to repeat it once at the end of an hour if not efficacious; and in cases demanding such resource, and with proper selection of cases, he feels perfectly safe in following this course. The hydrate in toxic doses is believed to act primarily on the heart, and subordinately on the respiratory center; and the heart at least ought to be especially strong in the young subject. But there must be no grave interference on the part of disease with the respiratory center when chloral is given. He does not believe in the theory that the influence of chloral is dependent upon the extrication of chloroform, for a safe medicinal dose would not produce a quantity able to exert any influence; while the action of chloral is not anesthetic, but soporific, and is not promptly set up and speedily over, as with chloroform, but rather slow in inception and of many hours' continuance. He always insisted that a sufficient dose of chloral should be given to produce positive physiological effects—fifteen, twenty, or thirty grains being given to an adult. To trust to five or ten is mere trifling, and the remedy had better be let alone. He had always felt great security in its use, and was not often disappointed in its effects; but had always carefully attended to the *contra-indications:* First, chloral should either be avoided or given in greatly diminished doses, and with close watchfulness in conditions indicating marked hyperalkalinity of the blood, whether this be produced by a course of alkaline medicine or be the result of disease; secondly, in decided asthenia of the heart; and thirdly (probably), in emphatic central congestion or inflammation. It is of the utmost importance the chloral hydrate should be quite pure. Much mischief is done by administering the salt in too concentrated a state, and it must always be freely diluted—say one grain to a dram. It is of necessity a bulky medicine, and there is no escape from the inconvenience. In some reports of deaths it is quite evident that herein lay the secret of the mishap, although the reporters were apparently unconscious of the fact. Concentrated chloral hydrate is a dangerous remedy, even within the limits of the therapeutical dose, and may kill, as a massive dose of oxalic acid sometimes does, almost instantly, as by shock and paralysis of the heart.

Dr. Norris stated that in his large obstetrical practice he had never used chloroform, but of late years had largely resorted to chloral and found the progress of labor greatly expedited. He gives fifteen grains, and often repeats this every fifteen minutes till sixty grains have been taken in all. He generally adds the bromide to the mixture in the ratio of one part to two of the chloral.

Dr. Clarke remarked that his experience [redacted] hydrate at the time of and after delivery [redacted] very satisfactory, and unattended with an[redacted]nt. It gives great relief in after-pains. The dose is from ten to fifteen grains. Of late he has often substituted croton chloral, which can be given in smaller dose and with less water, and occasions less burnings of the mouth and throat.

[Croton chloral hydrate is but slightly soluble in water, but it may be readily dissolved in the compound spirit of ether, and thus combined we have found it to exhibit anodyne and hypnotic properties of a decided character.—ED. NEWS.]

Case of Hysterical Contracture at Middlesex Hospital.—Reported by Dr. Finlay (Medical Times and Gazette):

Margaret D., aged twelve, was admitted to Seymour ward on July 14, 1880. She was the child of healthy parents, and had five brothers and sisters, all healthy. Her own previous history was devoid of importance, except that in the month of November, 1879, she had suffered from a mild attack of rheumatism. Shortly after this date she fell against a cart striking the left side of her abdomen. This was followed by pain and swelling of the same side and ob-

stinate constipation. In spite of treatment the constipation and swelling increased, the urine was thick and scanty, and she frequently went two or three days without passing any at all. There was no history of fits, and she had never menstruated. She had been told that she had a "cancerous tumor" in her abdomen.

On admission she is described as a well-nourished, bright-looking girl with ruddy complexion, complaining of constipation, swelling of the abdomen with pain and tenderness, and inability to move the left leg. She describes the pain to be like "needles running through her side," and refers it chiefly to the left iliac region, where tenderness upon pressure appears to be very excessive. The belly is prominent, measuring twenty-eight inches in girth at the level of the umbilicus; it moves tolerably freely with respiration. It is slightly more prominent on the left than on the right side; there is no ascitic wave nor enlargement of cutaneous veins, and the resonance over it is every where tympanitic. The left leg and foot are rigidly extended and adducted, the toes being flexed; and any attempt to move the leg or foot is apparently productive of great pain, both in the leg and in the abdomen. There is no wasting, both legs being equal in size; cutaneous sensibility is unimpaired, and faradic contractility somewhat diminished; percussion over the spine causes no pain. In the chest percussion and breath-sounds are every where normal; but there is a faint systolic murmur heard over the precordia, most marked at the heart's apex. The urine has a specific gravity of 1.010, is neutral and free from albumen. The temperature is 99.8°; pulse 98; respirations 26.

Shortly after admission she had two enemata, after which her bowels were freely opened; slightly after the first, and more copiously after the second. The motions were formed and dark in color. Evening, temperature 98.6°; pulse 84.

Next day (15th) she said she was unable to pass water, and had been shivering in the night; seventeen ounces of clear urine were drawn off by the [illegible]heter. The condition of affairs was pretty obvious, [illegible] no very complete examination of the abdomen [illegible]d be made, owing to the apparent tenderness [illegible] it was touched even lightly, the patient was put under the influence of chloroform, when the swelling of the abdomen at once subsided, the girth being now found to be twenty-four inches and a half. The rigidity of the leg also disappeared, and it could be freely moved about in all directions. As she came out of the anesthetic condition the abdomen visibly swelled up, and the leg returned to its rigid state. In the evening it was observed that when she was asleep both leg and abdomen were perfectly normal in appearance. She was ordered a cold shower-bath every morning, and to have the leg and abdomen faradized daily.

This treatment was continued with the addition of an occasional enema and aperient pill, till the 27th, when she was again anesthetized, the left leg bandaged on a McIntyre splint, with the knee flexed and the foot placed in the natural position, and kept so. The splint was then slung. She slept well the following night and experienced no discomfort from the altered position of the leg. Next day the splint was removed, and the leg at once returned to its former state.

On August 2d it was noted that she could bend her left knee a little, but could not evert the foot. The abdomen remained as before, but she could keep herself more upright in moving about the ward than she had done at the time of admission.

On August 5th the improvement was still more marked, and on the 16th the notes stated that the abdomen was much less tender although still distended, and she could flex the knee-joint more. On the day following the girth of the abdomen was twenty-seven inches, her bowels in the meantime having been well opened.

On the 21st she could bend her knee almost to a right angle, and on September 2d she was able to go into the garden.

On September 28th the child could walk perfectly upright, and with but slight turning-in of the left foot; and on October 8th she was discharged able to walk perfectly well—the abdomen being soft and free from tenderness, and the turning-in of the left foot barely noticeable.

During all the time of her stay in the hospital she had house-medicine or other aperient or enemata about every other day.

Remarks. The foregoing case is a well-marked instance of hysterical contracture, the appearances of which are figured by Prof. Charcot in his Lectures on Diseases of the Nervous System (New Sydenham Society's Translation, p. 294). Among the more noteworthy points in the present case may be remarked the absence of anesthesia or analgesia, and of convulsive attacks either previously or subsequently to the appearance of the contracture, and the gradual progress toward recovery. The last point is perhaps the most interesting; for recovery, when it does take place in such cases, seems usually to occur suddenly under the influence of some strong mental emotion.

Psychoses from Lead Poisoning.—Dr. Jas. G. Kiernan (Journal of Nervous Diseases), from thirty cases of poisoning due to lead poisoning, concludes, first, that lead poisoning produces certain psychical manifestations; second, that these manifestations may be of an acute or chronic type; third, that in any case the psychoses always preserves an element of depression; fourth, that the acute forms usually resemble melancholia with frenzy; fifth, that the chronic forms vary from a condition resembling monomania, but with a strong element of dementia to progressive paresis; sixth, that the prognosis in the acute types is favorable; seventh, that anti-saturnine remedies are of great value in treatment; eighth, that the prognosis of the chronic types is, as might be expected, bad; ninth, that heredity, as in all other psychoses, is an important element in the production of these.

Psychoses from Quinine.—Dr. Jas. G. Kiernan (Journal Nervous Diseases) reports two cases of the above out of an experience covering two thousand cases. From them he concludes, first, that in hereditarily predisposed individuals quinine may give rise to psychoses; second, that these psychoses may present themselves in two groups, one of which is a form of acute mania with aural hallucinations, probably not entirely independent of the physiological effects of the quinine, and the other that of extreme dementia; third, that quinine can exert this etiological influence but rarely; fourth, that a favorable prognosis, like the prognosis in regard to the individual attacks of all acute cases of insanity occurring in hereditarily predisposed individuals, can be given.